## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name COFFEE CROSSING  Address 805 TALIANA PL, NEW ALBANY IN 47150  Owner ALAN BUTTS Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129  Person in Charge JONEL NEAL |   |             |   |                                     |                             |                 | Telephone Number  812-557-6899  502-214-0196  Purpose  X Routine  Follow-up  Complaint  Pre-Operational | Date of ID# Inspection 05/17/2022  Follow Up Released 05/27/2022 |         |  |
|---|---|-------------|---|-------------------------------------|-----------------------------|-----------------|---|--|---------|--|
| Responsible Person's Email  |   |             |   |                                     |                             |                 | Temporary   | Menu Type  |         |  |
| DANIELC@COFFEECROSSING.COM  |   |             |   |                                     |                             |                 | HACCP   | 1 _ 2 <u>X</u> 3 _   | 4 _ 5 _ |  |
| Certified Food Handler JOSH BECHT   |   |             |   |                                     |                             |                 | Other (list)  |  |         |  |
|   |   |             |   | AND NARRATIVE COLUMN                |                             | AND IN THE NA   | ARRAIVE COLUMN MARKED AS "R"  |  |         |  |
| Section #   | C | NC          | R | Narrative                           |                             | To Be Corrected |   |  |         |  |
| 218<br>347<br>390   |   | X<br>X<br>X |   | hanging of the d<br>Observed no har | oor.<br>nd towels by handwa | shing sink      | the expresso machine to be  | TODAY  | 7       |  |
| Summary of V  |   |             |   | 0 NC                                | 3 R 0                       |                 | . 11 / 101  | 1)   |         |  |
| Received by (name and title printed):  JONEL NEAL   |   |             |   |                                     |                             |                 | Inspected by (name and title printed): Christa Manus EHS  |  |         |  |
| Received by (signature):  |   |             |   |                                     |                             | In              | Inspected by (signature):   |  |         |  |
| cc:   |   |             |   |                                     | cc:                         |                 |   | ce:  |         |  |